Influenza Infection Control

Influenza viruses are spread from person-to-person, primarily through inhalation of small particle aerosols and large droplet infection, but also through direct contact with respiratory droplets or secretions followed by touching the nose or mouth. Adults may be infectious starting the day before symptoms begin through approximately seven days after illness onset. Children and immunocompromised individuals can be infectious for a longer period.

The main option for controlling influenza is immunoprophylaxis with the inactivated vaccine. The use of standing orders programs is recommended for facilities to ensure the administration of recommended vaccinations for adults. Annual programs to immunize unvaccinated residents and attendees on-site before the start of influenza season should be established. Healthcare facilities should also offer convenient access to influenza vaccine at the work site, free of charge, to all personnel, including night and weekend staff. Use of antiviral drugs for chemoprophylaxis and/or treatment is an important adjunct to vaccination.[i]

In addition, efforts to prevent person-to-person transmission of influenza and to control influenza outbreaks in healthcare facilities should include a Respiratory Hygiene/Cough Etiquette programs that may involve:

- Posting visual alerts instructing patients and persons who accompany them to inform health-care personnel if they have symptoms of respiratory infection;
- Providing tissues to patients and visitors to cover their mouth and nose when coughing and sneezing;
- Providing dispensers of alcohol-based hand rubs (including in lobbies, common areas, etc.);
- Gloves: Clean, disposable gloves should be worn when touching blood, body fluids, secretions, excretions, and contaminated items. Gloves should be removed after use and before touching any non-contaminated items or touching another patient, and hands should be washed immediately with soap and water or an antiseptic hand-rub.
- Hand washing: Hands should be washed after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Hands should be washed with plain soap or detergent for at least 10-15 seconds under running water. Facilities should ensure that adequate supplies for handwashing are available where sinks are located;
- Masks: Healthcare workers and visitors should wear surgical/procedure masks when they are within three feet of the patient, and the patient should wear a mask when being transported. Masks should be provided to persons who are coughing;
- Encouraging coughing persons to sit at least 3 feet away from others; and,
- Staff education: Staff should be educated annually about the prevention and control of influenza, focusing on infection spread. Staff should be reminded that they can spread the virus via their hands or fomites (e.g. towels, medication cart

items, etc). Health personnel observe droplet precautions in addition to standard precautions.

- Bed Management: Consideration should be given to cohorting ill patients, since private rooms are not likely to be available for influenza patients during a pandemic. Movement and transport of patients should also be limited as much as possible.
- Work Assignments: Staff should be assigned to work with either sick or well patients, but not circulated between both groups. Staff should not work while ill.

Visitor and worker restrictions may also be used – this may include:

- Discouraging persons with symptoms of a respiratory infection from visiting patients; and,
- Excluding healthcare personnel with symptoms of respiratory infection from work for the duration of illness.

Long-term care facilities may take additional measures to control influenza:

- Staff should call the health department if an increase in cases of respiratory illness is observed, especially if it is associated with an increase in hospitalizations or deaths. Maintain a heightened surveillance for febrile and respiratory illness among residents and staff.
- Visitation should be restricted. If admissions are restricted due to an outbreak, when admissions resume, any new admissions should receive chemoprophylaxis (e.g., oseltamivir, zanamivir) until one week after the outbreak is over. If possible, they may begin chemoprophylaxis 2-3 days prior to admission.
- Ill residents should refrain from participating in group activities until the risk of transmitting infection resolves.
- Vaccinate any residents or staff who are unvaccinated. Recommend use of antiviral medications while antibodies develop.
- Separate residents taking antiviral medications for treatment from other residents.

Special guidelines for infection control would be developed for situations involving pandemic influenza, taking into account the likelihood that a high proportion of the population will be affected and that secondary infections are a major source of morbidity and mortality.

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[i] CDC. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices. MMWR: July 28, 2006 / 55(Early Release);1-41.